IN THE LINITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Attached for filing is the patent applic Inventor: CLEVELAND ET AL. Entitled: PERIMETER-COOLED I HOLE LOCATION, STYL and including attachments as noted M Newly executed Declaration, I	Date: Au Date:	TION	on,⊠ Abstract	22241 U.S. PTO 10/635435
Please delete the following inventors in the continuation/division/continuation-in-part application: Deleted persons:				
pages of specification and claims (including 23 numbered claims), and sheets of accompanying drawing/s.				
Record the attached assignment and return to the undersigned. Attached is a Power of Attorney.				
Priority is hereby claimed under Application Number		sed on the following Country	foreign applications: Day/Month/	Year Filed
, respectively, the entire conte	pplication(s) is/are att		rence in this application	
This application claims the benefit of Provisional Application No. , filed , the entire content of which is				
hereby incorporated by reference in this application. This application is a continuation/ division/ continuation-in-part of Application No. , filed ,				
, the entire content of which is hereby incorporated by reference in this application. Petition filed in prior application to extend its life to insure co-pendency.				
The prior application is assigned to , ,				
It is hereby requested that the Examiner consider the art cited in the parent application by applicant and/or the Examiner for the reasons stated therein. A listing of that art is attached.				
Applicant claims "small entity" status.				
☐ Also attached:☐ Information Disclosure Statement; ☐ Non-Publication Request; ☐ Nucleotide and/or				
Amino Acid Sequence Submission; Statement deleting Inventor(s) named in prior application; Other:				
	ASED ON CLAIMS A	S FILED LESS ANY	HEREWITH CANCELED	
Basic Filing Fee Total effective claims 23 - 20	(at least 20) = 3	x \$ 18.00		\$ 750.00 \$ 54.00
Independent claims 4 - 3 (at least 3) = 1	x\$ 84.00		\$ 84.00
If any proper multiple dependent claims	now added for first time,	add \$280.00 (ignore		\$ 0.00
If "small entity," then enter half (1/2) of s	uhtotal and subtract		SUBTOTAL	\$ 888.00 -\$(0.00)
ii omaii omity, iiion omor naii (172) or o	abiotal and oublidor		SECOND SUBTOTAL	\$ 888.00
Assignment Recording Fee (\$40.00)			TOTAL FEE ENCLOSED	\$ 40.00 \$ 928.00
Any future submission requiring an exter The Commissioner is hereby authorized or which should have been filed herewith A <u>duplicate</u> copy of this sheet is attached	to charge any <u>deficienc</u> h (or with any paper here	y, or credit any overpa eafter filed in this appli	tion for such time extension. syment, in the fee(s) filed, or assection by this firm) to our Accordance.	serted to be filed,
Correspondence Address:			ANDERHYE P.C.	
Customer Number:	30024	By Atty: Ric	hard G. Besha, Reg. No. 22,779	υ
Telephone: (703) 816-4000				
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		Signature:	U rechard (1) and	